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SEP 11 2006

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To:	Examiner Mehrpour - Mail Stop AF	From:	Dan C. Hu
Company:	U.S. Patent Office	Date:	September 11, 2006
Fax:	(571) 273-8300	Pages:	9 (including cover sheet)
Serial No.:	10/509,397	Our Re:	MTR.0054US (BLO/PA/VP- US10/509397)

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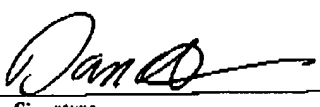
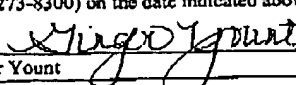
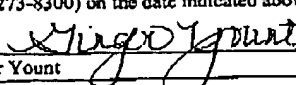
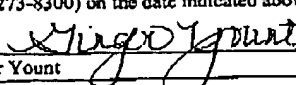
Attorney Docket No.: MTR.0054US (BLO/PA/VP-US10/509397)
Date: September 11, 2006

DCH/gky

Applicant(s): THIERRY LUCIDARME ET AL.
Serial No.: 10/509,397
Filing Date: September 24, 2004
Title: COMMUNICATION SYSTEM AND RELATED SUPERVISION METHOD

1. Amendment Transmittal (In Duplicate); And
2. Reply To Office Action Mailed July 11, 2006 (With Attached Supplemental Declaration).

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. MTR.0054US (US10/509397)				
Applicant(s): Thierry Lucidarme et al.									
Application No. 10/509,397	Filing Date 09-24-2004	Examiner Naghmeb Mehrpour	Customer No. 21906	Group Art Unit 2617	Confirmation No. 5825				
Invention: Communication System and Related Supervision Method					RECEIVED CENTRAL FAX CENTER SEP 11 2006				
COMMISSIONER FOR PATENTS:									
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.									
CLAIMS AS AMENDED									
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE				
TOTAL CLAIMS	26 -	26 =	0	x \$50.00	\$0.00				
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00				
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00				
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 20-1504 (MTR.0054US) <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
 Signature			Dated: September 11, 2006						
Dan C. Hu Registration No. 40,025 TROP, PRUNER & HU, P.C. 1616 South Voss Road, Suite 750 Houston, TX 77057-2631 Telephone: (713) 468-8880, ext. 304 Facsimile: (713) 468-8883			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date of Deposit: September 11, 2006</td> </tr> <tr> <td>I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent Office (Fax No. (571) 273-8300) on the date indicated above.</td> </tr> <tr> <td style="text-align: center;">  Ginger Yount </td> </tr> </table>				Date of Deposit: September 11, 2006	I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent Office (Fax No. (571) 273-8300) on the date indicated above.	 Ginger Yount
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 Ginger Yount									
cc:									

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Applicant(s): Thierry Lucidarme et al.				MTR.0054US (US10/509397)	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/509,397	09-24-2004	Naghmeh Mehrpour	21906	2617	5825

Invention: **Communication System and Related Supervision Method****RECEIVED
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Transmitted herewith is an amendment in the above-identified application.


The fee has been calculated and is transmitted as shown below.

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TOTAL CLAIMS	26 -	26 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

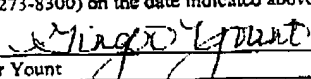
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- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 20-1504 (MTR.0054US)
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
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Signature

Dated: September 11, 2006

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Applicants:	Thierry Lucidarme et al.	§	Art Unit:	2617
Serial No.:	10/509,397	§		
Filed:	September 24, 2004	§	Examiner:	Naghmeh Mehrpour
For:	Communication System and Related Supervision Method	§	Atty. Dkt. No.:	MTR.0054US (BLO/PA/VP- US10/509397)

SEP 11 2006

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY TO OFFICE ACTION MAILED JULY 11, 2006

Dear Sir:

In response to the Office Action of July 11, 2006, please consider the following:

Remarks/Arguments begin on page 2 of this paper.

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<u>Ginger Yount</u>	
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